

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB 23 AM 8:05

SECRETARY OF STATE



DOCUMENT # P97000104876 (2)

1. Corporation Name
ACCUSTAFF GP, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202	Mailing Address ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202
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3. Date Incorporated or Qualified 12/12/1997
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 177 CROSSWAYS PARK DR.
22 City & State	27 City & State WOODBURY, NY
23 Zip	28 Zip 11797
24 Country	29 Country NASSAU

4. FEI Number 59-3482199	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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10. Name and Address of New Registered Agent 81 Name CORPORATION SERVICE COMPANY
82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET
83
84 City TALLAHASSEE
85 Zip Code FL 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Lisa G. Mulligan* **Lisa G. Mulligan Ass't. V. P.** **2/20/98**
(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE DEWAN, DEREK E ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> DELETE ABNEY, MICHAEL D ONE INDEPENDENT DRIVE JACKSONVILLE FL 32202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	000002440410--5
2.1 TITLE	02/25/98 01054-006
2.2 NAME	***150.00 ***150.00
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROBERT CALABRO
3.3 STREET ADDRESS	177 CROSSWAYS PARK DR.
3.4 CITY-ST-ZIP	WOODBURY, NY 11797
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	UB 2-21-98
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Robert Calabro* **ROBERT CALABRO** **2/21/98**

CR2E034 (10/97)